



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
education@tdlr.texas.gov • www.tdlr.texas.gov

MASSAGE THERAPY EXAMINATION DEVELOPMENT COMMITTEE APPLICATION INSTRUCTIONS

Each person looking to apply to be a Subject Matter Expert for the Examination Development Committee shall provide an application for approval that shall be in compliance with 16 TAC Chapter 117, Occupations Code Chapter 455 and all TDLR established guidelines and criteria.

1. Applicant Name – Enter the full legal name of the applicant.
2. Applicant Mailing Address and Contact Information – Enter Applicant's mailing address, phone number and email address. This address is where the Department will mail all correspondence and may be a post office box. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
3. Education – List all colleges, universities and technical schools attended.
4. Licenses/Certifications – Enter information for all related licenses and certifications.
5. Employment History – Enter information for all Massage Therapy schools starting with the most current.
6. Professional Membership – Enter information for all related professional memberships.
7. Additional Qualifications – Enter any additional qualifications, skills or abilities not previously provided.
8. Statement of Applicant – Application must be signed by the applicant.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS VIA EMAIL TO:

exam.sme.app@tdlr.texas.gov

Documents submitted with your application will not be returned. Keep a copy of your completed application and all attachments.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at:
<https://www.tdlr.texas.gov>.

Review Process

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to review an application. You will be notified in writing of the decision made in regard to your application.

REQUIRED QUALIFICATIONS

The following minimum qualifications are required:

- Currently a licensed Massage Therapy Instructor.
- Currently teaching in a licensed Massage school.
- A minimum of five years' experience teaching in a school.
- Be in good standing with TDLR with no enforcement actions.



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1. Name of Applicant:

2. Applicant Mailing Address and Contact Information: (Used to receive mail from TDLR, P.O. BOX is allowed)

Number, Street Name, Suite Number/Apartment Number

City, State, Zip Code

Email Address

Phone Number

3. Education:

Type of School	Name and Location of School	Dates Attended		Date Graduated
		From	To	
Undergraduate College or Universities				
Graduate School				
Technical or Vocational Schools				

4. License and Certification:

License/Certification	Date Issued	Date Expires	Issued by/location of Issuing Authority (State or other authority) (City & State)	License Number

5. Massage School Employment History:

Employer	School License	Date of Employment		Curriculum Topic Taught
		From	To	

6. Professional Membership:

Organization Name	Date Issued	Date Expires	Membership Number

[illegible]

If selected for the Massage Therapy Examination Development Committee, I understand that considerable effort is required,

As a condition of service on this Committee I agree to maintain the security of all examination content. I will not provide any examination content to another person. I shall uphold and abide by the confidential copyrighted materials contained in the Massage Therapy examination. I understand that this position is voluntary with no financial compensation and that my contribution to the development and validation of examination content is the sole property of the Texas Department of Licensing and Regulation.

Printed Name of Applicant

Signature of Applicant

Date Signed _____